

Adoption and Meaningful Use of Electronic Health Records
Support Programs Carried Out Under HITECH
May 26, 2011 Update

The Health Information Technology Economic and Clinical Health Act (HITECH), part of the American Recovery and Reinvestment Act of 2009, established programs and authorized funding to support rapid adoption and meaningful use of electronic health records (EHR) by doctors, hospitals and other health providers nationwide. The rapid switch to EHRs is important given their critical impact on improved efficiency and quality in health care.

HITECH also established the Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs to provide incentive payments to eligible professionals and eligible hospitals for adopting, implementing, upgrading, or demonstrating meaningful use of certified EHR technology. The incentive payments are intended to help eligible professionals and eligible hospitals defray the costs of switching from paper to electronic records. In addition, HITECH created support programs to provide technical assistance and help build the enterprise-wide systems to enable the full use and potential of health information technology (health IT).

Today, five months after registration began for the Medicare and Medicaid EHR Incentive Programs, the first payments under the Medicare EHR Program were announced, joining payments that have been issued by state Medicaid EHR programs since the start of 2011. During this period, HITECH support programs administered by the Office of the National Coordinator for HIT (ONC) reported significant progress:

Regional Extension Centers (RECs) – More than 70,000 providers enrolled
<http://www.healthit.gov/rec>

Since enactment of HITECH, ONC has launched 62 RECs, with service areas that cover every area of the country. RECs provide advice and technical assistance to providers as they switch to EHRs. REC services are especially aimed at primary care providers, especially those in smaller practices, and smaller hospitals, which do not have IT expertise. RECs can make available customized, on-the-ground support throughout the acquisition and adoption process. RECs aim at assisting at least 100,000 primary care providers in smaller practices in achieving adoption and meaningful use. As of May 26, 2011, over 71,000 providers were enrolled for REC assistance.

Certification – More than 700 EHR products certified for meaningful use
http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov_standards_and_certification/1153

The product certification process created under HITECH is crucial for successful EHR adoption and meaningful use. Certification ensures that systems will support the meaningful use objectives required to qualify for incentive payments. Certification means providers can invest in EHR systems with confidence. As of May 26, 2011, 735 EHR products have been certified, from 436 vendors (60 percent of them small companies with less than 51 employees), indicating robust choice and competition in the EHR market.

Privacy and Security

http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov_privacy_and_security/1147

HITECH recognized that privacy and security must keep pace with the rapidly evolving adoption and implementation of EHRs and health IT. Under HITECH, HHS has put into place rules that require patients to be notified if their health information has been breached. In addition, HHS has issued a more stringent enforcement rule and has recently undertaken major enforcement actions resulting in significant civil money penalties. HHS has also built privacy and security into its funding opportunities designed to support adoption and meaningful use of EHRs, including the development and distribution of a security toolkit to assess users' readiness for adopting EHRs, and a checklist to assist eligible providers and hospitals in conducting security risk assessments.

Workforce Development – More than 7,000 students enrolled or graduated

<http://www.healthit.gov/workforce>

A significant new workforce, estimated at 51,000 by 2016, is needed to support adoption and meaningful use of EHRs. To meet this need, the ONC Workforce Development Program consists of four specific program areas: Curriculum Development; Community College Consortia; Competency Exam; and University-Based Training.

- Curriculum Development – The purpose of the Curriculum Development Centers Program is to provide funding to institutions of higher education to support health IT curriculum development. The curriculum components developed under this program are being used by the member colleges of the Community College Consortia. Each Community College consortium member structured their health IT training programs around the six identified mobile workforce roles using 20 curriculum components. This curriculum will be available for institutions outside of the Community College Consortia during the summer of 2011. See: <http://www.healthit.gov/curriculumdevelopment>
- Community College Consortia – Five Consortia comprised of 82 community colleges were rapidly launched to provide six-month training for professionals with a health care or IT background. The programs are expected to continue following HITECH implementation. Students enrolled in the program are mid career professionals that are supplementing their work experience with the community college training in order to facilitate the adoption and implementation of EHRs. As of April 2011, a total of 7,137 students have enrolled in the classes, of this batch 1,274 have successfully completed the program. By the end of May, a total of 2,434 total students are expected to have successfully completed the program. The goal is to reach a training capacity of 10,500 people per year in a combination of the six workforce roles. See: <http://www.healthit.hhs.gov/communitycollege>
- Competency Examination – In May 2011, ONC announced the initial release of the Health Information Technology Professionals Examinations. The exams allow individuals to test their level of skill in competencies identified as essential for key health IT professional roles. The exams will also enable health care providers and other employers to assess the health IT competencies of their staffs. Employers who must effectively implement and support the use of health IT to achieve their goals can use the exams to identify additional training needs for existing staff and more accurately define their remaining personnel needs. See: <http://www.healthit.gov/competencyexam> & <http://www.hitproexams.org/>.

- University Based Training (UBT) – The UBT program is designed to rapidly and sustainably increase the availability of individuals qualified to serve in an additional 6 specific health IT professional roles requiring specialized training at the post-baccalaureate level. The program awarded \$32 million in grants to institutions of higher education nationwide, to assist in the creation and expansion of post-baccalaureate certificate and/or master’s-level health IT training programs. Using a significant portion of this grant funding, these institutions are able to offer financial support for tuition, including a limited number of stipends, for qualified UBT students. Many of these universities offer distance-learning options, and the majority of these programs are structured to be completed in one year, to meet immediate health IT workforce needs. Approximately 500 health IT students will have graduated from the UBT program by end of this summer. See: <http://www.healthit.gov/UniversityTraining>

Health Information Exchange – Nearly all states and territories have moved from planning to implementation

<http://www.healthit.gov/statehie>

The ability to securely exchange health information is the key to the most important benefits of health IT. Exchange is already happening in many instances, but systems need to become interoperable, consensus policies on the use of information need to be developed, and financing issues need to be resolved. Under a \$564 million cooperative agreement program created by HITECH, State Health Information Exchange Programs (HIE) will provide key leadership toward achieving coherent information exchange, especially by building on existing exchanges and business arrangements, and converging toward national standards. This month the program will achieve a significant milestone with nearly all states and territories having approved strategic and operational plans and moving to implementation for their HIE cooperative agreement programs.

Looking ahead – Beacon and SHARP programs are building the future

While many HITECH support programs provide immediate supports for EHR adoption and meaningful use, the Beacon Community and Strategic Health IT Advanced Research Projects (SHARP) programs are looking ahead to build the role of health IT in the transformation and improvement of health care –

- Beacon Communities – In 17 communities across the nation, Beacon programs are demonstrating how health IT can serve as the keystone in community plans that target specific health problems in those communities. Beacon Communities will show health IT’s role in improving individual and population health outcomes, and in overcoming barriers like coordination of care, that plague the nation’s health care system. See: <http://www.healthit.gov/Beacon>
- SHARP – Through the Strategic Health IT Advanced Research Projects, ONC is sponsoring breakthrough research to bring about the full potential of health IT. Four leading research centers are working with hundreds of interdisciplinary collaborators, with built-in plans for application of their research results. The four research areas are security of health IT; patient-centered cognitive support; healthcare application and network platform architectures; and secondary use of EHR data. See: <http://www.healthit.gov/sharp>

ADDITIONAL BACKGROUND:

*** Earlier this year, surveys indicated that health care providers are now expecting and planning for rapid adoption of EHRs. Four-fifths of the nation's hospitals and 41 percent of office-based physicians currently intend to take advantage of incentive payments for adoption and meaningful use, according to surveys by the American Hospital Association and the National Center for Health Statistics. See:*

<http://www.hhs.gov/news/press/2011pres/01/20110113a.html>

*** In addition, an article in the journal Health Affairs found that 92 percent of recent peer-reviewed literature reached overall positive conclusions on health IT outcomes. See:*

<http://www.hhs.gov/news/press/2011pres/03/20110308a.html>

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